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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>116</u>
District of <u>San Carlos</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>582</u>
Town of <u>San Carlos</u>			Local Registrar No. _____
or			St. _____ Ward _____
City of _____	No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.
2. Full name of child <u>Sadie Shorter</u>			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>9 7 / 23</u>		Month day year	
8. FATHER		14. MOTHER	
Full name <u>Paul Shorter</u>		Full maiden name <u>Edith Repark</u>	
9. Residence (Usual place of abode) <u>San Carlos</u>		15. Residence (Usual place of abode) <u>San Carlos</u>	
If nonresident, give place and state <u>Ariz</u>		If nonresident, give place and state <u>Ariz</u>	
10. Color or race <u>4/4 Indian</u>		16. Color or race <u>4/4 Indian</u>	
11. Age at last birthday <u>20</u> (Years)		17. Age at last birthday <u>18</u> (Years)	
12. Birthplace (city or place) <u>San Carlos</u>		18. Birthplace (city or place) <u>San Carlos</u>	
(State or country) <u>Ariz</u>		(State or country) <u>Ariz</u>	
13. Occupation <u>Laborer</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>1</u>		<u>Yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that <u>born alive</u> the birth of this child, who was <u>born alive</u> at <u>9 a.m.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>C. H. Sawyer M.D.</u>	
Given name added from _____		Address <u>San Carlos Ariz</u>	
supplemental report _____		Filed <u>9/20</u> , 19 <u>23</u>	
Month, day, year.		Filed <u>10-6</u> , 19 <u>23</u>	
Registrar.		Local Registrar.	
		County Registrar.	

225-907-593